

Recommended Schedules for *Haemophilus influenzae* type b (Hib)

Recommended Schedule for Infants

Vaccine	2 months	4 months	6 months	12-15 months
HbOC (HibTITER)	dose 1	dose 2	dose 3	booster
PRP-T (ActHIB, OmniHIB)				
PRP-OMP (Pedvax Hib)	dose 1	dose 2		booster

Recommended Schedule for Children, Including Those Not Immunized on Schedule

Vaccine	Age at first dose (months)	Primary Series	Booster
HbOC (HibTITER)	2-6	3 doses, 2 months apart	12-15 months ¹
PRP-T (ActHIB, OmniHIB)	7-11	2 doses, 2 months apart	12-15 months ¹
	12-14	1 dose	2 months later ¹
	15-59	1 dose	..
PRP-OMP (Pedvax Hib)	2-11	2 doses, 2 months apart	12-15 months ¹
	12-14	1 dose	2 months later ¹
	15-59	1 dose	..

Notes

1. At least two months after the previous dose.

Vaccines licensed for infant use: HbOC (HibTITER[®], TETRAMUNE[®]) (Lederle-Praxis); PRP-OMP (Pedvax Hib[®]) (Merck Vaccine Division); PRP-T (ActHIB[™]) (Pasteur Mérieux Connaught)

Vaccines not licensed for infant use: PRP-D (ProHIBIT[®]) (Pasteur Mérieux Connaught)

Previous disease history: Children <24 months of age who have had invasive Hib disease should still receive vaccine, since many children of that age fail to develop adequate immunity following natural disease.

Interchangeability of vaccines from different manufacturers: If feasible, the primary vaccine series should be completed with the same Hib vaccine. If different vaccines are administered, a total of three doses of any Hib vaccine licensed for infant use should be given, followed by a booster at 12-15 months of age with any of the licensed conjugate vaccines, including PRP-D.

Number of doses: The number of doses in a series can vary by type of vaccine used, the age of the child when vaccination was initiated, and if a lapse has occurred in the series.

Vaccination of older children: Hib vaccine should not be administered after the fifth birthday except for special circumstances as indicated below.

Children at increased risk of Hib disease: Children with HIV infection, IgG2 subclass deficiency, bone marrow transplants, sickle-cell disease, and splenectomy, and those receiving chemotherapy for malignancies are at increased risk for invasive *Haemophilus influenzae* type b disease. These children should be vaccinated as follows:

- Children 12-59 months of age who have received only 1 previous dose or who are unvaccinated and have 1 of these conditions should receive 2 doses of any conjugate vaccine, separated by 2 months.
- Unvaccinated children >59 months of age with sickle cell disease or asplenia should receive 1 dose of any licensed conjugate vaccine.
- Unvaccinated children >59 months of age with HIV infection, IgG2 deficiency, bone marrow transplants, or malignancies should receive 2 doses separated by 1 to 2 months.

Source: Based on recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics

